



Change of Office and Retirement Ceremony for the Director, Medical Service Corps

Rear Admiral J. Philip VanLandingham Medical Service Corps, United States Navy

who will be relieved by

Captain Brian G. Brannman Medical Service Corps, United States Navy

> 16 January 2004 NNMC Memorial Auditorium Bethesda, MD

| Welcome |
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| Guests are requested to stand during the Arrival of the Official Party, Honors, National Anthem, Invocation, Reading of Orders, Benediction and the Retiring of Colors |
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Guests in uniform are requested to remain uncovered during the ceremony

PROGRAM

Arrival of Official Party

Parade the Colors

National Anthem

Master of Ceremonies CAPT Marcia W. Krasicky, MSC, USN

Invocation CAPT Lorenzo C. York, CHC, USN

Welcoming Remarks

VADM Michael L. Cowan, MC, USN

Chief, Bureau of Medicine and Surgery

Presentation of One Star Flag Midshipman Eric L. VanLandingham

Remarks and Reading of Orders RADM J. Philip VanLandingham, MSC, USN

Reading of Orders and Remarks CAPT Brian G. Brannman, MSC, USN

Benediction CAPT Lorenzo C. York, CHC, USN

Retire the Colors

Departure of Official Party

Guest are invited to attend the reception immediately following the ceremony in Building 10 front lobby



Michael L. Cowan
Vice Admiral, Medical Corps
United States Navy
Surgeon General of the Navy
and Chief, Bureau of Medicine and Surgery

Vice Admiral Michael L. Cowan, MC, became the 34th Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery on Aug. 10, 2001. Raised in Fort Morgan, Colorado, he attended the University of Colorado and received his M.D. degree from Washington University, St. Louis. Postgraduate training began at Temple University and after entering the Navy, was completed at the National Naval Medical Center, Bethesda. He is certified in Internal Medicine, and as a Physician Executive of the American College of Physician Executives.

Vice Admiral Cowan began his Navy career as a General Medical Officer at Camp Lejeune, N.C., in 1971, and was promoted to flag rank while serving as Commanding Officer at the same hospital 25 years later. In between, he has held a wide variety of clinical, research, operational, staff and leadership positions, which include:

- Deputy Executive Director and Chief Operating Officer, TRICARE Management Activity (TMA)
- Chief of Staff, Assistant Secretary of Defense (Health Affairs)
- Surgeon to the Joint Staff
- Commander, Defense Medical Readiness Training Institute (DMRTI)
- Commanding Officer, Naval Hospital Camp Lejeune
- Medical Officer, Surface Forces Pacific
- Task Force Surgeon, Operation Restore Hope, Somalia
- Senior Research Fellow, National Defense University
- Vice Chairman, Department of Military Medicine, USUHS
- Chief of Internal Medicine, USNH Rota, Spain

Throughout his career he has contributed to important advances in the military health system to include: the Military Training Network for Resuscitative Medicine (MTN); the National Disaster Medical System (NDMS); DMRTI; and the integration Force Health Protection Doctrine into Joint Staff Joint Vision 2020. At TMA, he played a major leadership role in the implementation of the National Defense Authorization Act of 2001, the TRICARE e-health initiative and The

National Enrollment Database. Awards and Recognitions include: Defense Distinguished Service Medal (2), Defense Superior Service Medal, Legion of Merit (2), Nathan Davis Award (American Medical Association), University Medal (Uniformed Services University of the Health Sciences), and Order of Military Medical Merit (U.S. Army)



J. Philip VanLandingham
Rear Admiral, Medical Service Corps
United States Navy
Director, Medical Service Corps
Deputy Chief, Medical Operations Support (M3M)

Rear Admiral (RADM) VanLandingham became the 13th Director of the Navy Medical Service Corps in May 1999, the Medical Inspector General in October 1999 and the Assistant Chief for Plans, Analysis and Evaluation in September 2001. On 1 June 2002, Rear Admiral VanLandingham turned over his duties as Medical Inspector General and Assistant Chief for Plans Analysis and Evaluation and became the 1st Director for Homeland Security for the Bureau of Medicine and Surgery. Recently, RADM VanLandingham was appointed as the Deputy Chief, Medical Operations Support, (M3M).

He received a Bachelor of Science degree in General Management from Georgia Institute of Technology in 1972 and a Bachelor of Business Administration degree in Health Care Administration from Georgia State University in 1973. RADM VanLandingham was commissioned an Ensign in the Medical Service Corps on 10 July 1973 while a student at Georgia State University. He earned a Master in Business Administration degree in Organizational Behavior and Development at George Washington University in 1984.

RADM VanLandingham began his career at the National Naval Medical Center, Bethesda, MD. In 1976, he became Aide to the Navy Surgeon General, Bureau of Medicine and Surgery, Washington DC and in 1979 was appointed the first Officer-in-Charge for the regional Personnel Support Detachment, Bethesda, MD. Subsequent assignments included Assistant Director for Administration, Naval Hospital, Charleston, SC; Director for Administration, U.S. Naval Hospital Guam; Medical Corps Assignment Officer, Bureau of Naval Personnel; Director for Administration, Naval Hospital, Orlando, FL; Executive Officer, Naval Hospital, Camp Lejeune, NC; and Commanding Officer, Naval Hospital, Newport, RI. With the establishment of Naval Health Care New England in March 1998, RADM VanLandingham became the organization's first Commanding Officer.

RADM VanLandingham is a Certified Healthcare Executive and a Fellow of the American College of Healthcare Executives (ACHE).

His personal awards include the Legion of Merit (three awards), Meritorious Service Medal, Navy Commendation Medal (two awards), and Navy Achievement Medal (two awards).



Brian G. Brannman
Captain, Medical Service Corps
United States Navy
Director, Medical Resources, Plans and Policy Division (N0931)

CAPT Brannman was born in National City, CA. Following graduation from high school in Manhattan, MT, he enlisted in the Navy as a hospital corpsman. He earned his undergraduate degree in health services administration from Southern Illinois University, Carbondale, IL. In 1979, following completion of a graduate degree in management from Webster College, he received a direct appointment into the Medical Service Corps.

During his first commissioned assignment at Naval Regional Medical Center, Long Beach, CA, CAPT Brannman served as military personnel officer, administrative assistant to the director for administration, and chief of outpatient administration. In May 1982, he reported to USS BELLEAU WOOD (LHA 3), where he served as medical department head. During the assignment, CAPT Brannman achieved qualifications as a surface warfare medical department officer.

CAPT Brannman attended the Naval Postgraduate School at Monterey, CA, from June 1984 to December 1985 where he earned a master of science degree in administrative science (financial management). He subsequently was assigned to the Naval Medical Command where he served in the Fiscal Systems Division (MEDCOM-13) and later in the Budget Division (MEDCOM-11). In June 1988, he joined the staff of the Chief of Naval Operations, Resource Readiness Appraisal Division (OP-81), as an assistant to the executive secretary of the Medical Blue Ribbon Panel. Following completion of the Blue Ribbon Panel in September 1988, he reported as the medical program analyst in the General Planning and Programming Division (OP-80) where he served until June 1990. In July 1990, he reported to Naval Hospital Long Beach, CA, where he served as director for administration.

Returning to the Navy Department in July 1992, CAPT Brannman was assigned as deputy budget officer at the Bureau of Medicine and Surgery. In June 1994, he reported to the Office of the Secretary of Defense, where he was the director of programs, on the staff of the Deputy Assistant Secretary of Defense (Health Budgets and Programs). Beginning in July 1996, CAPT Brannman served as executive officer, Naval Hospital Bremerton, WA, and concurrently as commanding officer, Fleet Hospital, FIVE. He deployed with Fleet Hospital FIVE to Haiti from February to August 1997 in support of "OPERATION RESTORE DEMOCRACY/EXERCISE FAIRWINDS." In 1998 he assumed command of U. S. Naval Hospital Okinawa, Japan.

During CAPT Brannman's last assignment, he was assigned to the staff of the Chief of Naval Operations as Director, Medical Resources, Plans and Policy Division (N0931).

History of the Medical Service Corps

The history of the Medical Service Corps includes the history of its predecessor, the Navy Hospital Corps. During World War I, the number of warrant officers in the Hospital Corps increased significantly and sixty-five Pharmacists and Chief Pharmacists were given temporary commissions in the Medical Corps of the Navy. Although a few of these officers retained their temporary commissions following the end of the war, the majority reverted to their prior status.

The need for an all officer category composed of individuals trained in administrative, professional, and scientific specialties traditionally allied with medicine had long been recognized. During World War II 1429 officers were given temporary appointments in the Hospital Corps during the war. In addition, a total of 845 pharmacists, optometrists, and other specialists and scientists allied to medicine and dentistry were given temporary appointments as Naval Reserve officers. The vital role played by these two groups of officers in the accomplishment of the wartime mission of the Navy Medical Department further emphasized the need for a permanent officer category to complement and supplement the existing officer corps then comprising the Medical Department.

The Navy Medical Service Corps had its formal origin in the Army-Navy Medical Service Corps Act of 1947, which became Public Law 337, Eightieth Congress, when signed by President Truman on 4 August 1947. This Act established identification for an organization already in existence. The legislation marked a significant change in the composition of the Navy Medical Department and provided the authority to satisfy the long-standing need for a permanent commissioned corps of specialists to complement the existing Medical Department officer categories. The original legislation provided for the Corps to be comprised of four sections: Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy necessary, to meet the needs of the service. As a result of this authority, the Women's Specialist Section was established in 1952, and in 1965, was retitled the Medical Specialist Section to permit the appointment of male officers in the specialties within the section. Also as a result of the authority, the Podiatry Section was established in 1953. In 1956, Congress clarified a section of the original Army-Navy Medical Service Corps Act, which authorizes Medical Service Corps officers to command activities appropriate to the Corps.

In 1954, legislation was enacted to provide for the Office of the Chief of the Medical Service Corps and gave authority to the Secretary of the Navy to appoint an officer to the position. It wasn't until 1982 that this position was designated a flag billet. Rear Admiral (then referred to as Commodore) Lewis E. Angelo was the first to fill the billet at that rank. With authorization effective 1 October 1990, mobilization billets for Selected Reserve Medical Department flag officers were established. Rear Admiral W. David Sullins, Jr. became the first Deputy Director, Medical Service Corps, Reserve Affairs at that time. These two appointments allow for the authority to pursue the requirements and institute actions for the total Medical Service Corps. On July 13, 1995, Rear Admiral S.T. Fisher was selected to become the first Medical Service Corps officer to wear the rank of Rear Admiral (upper half).

The first true validation of the total force concept occurred during Operations Desert Shield/Storm. Active duty assets were deployed to the theater of operation in support of medical logistics, administration and clinical care. Over 10,000 Medical Department Reservists were recalled to replace those deployed and to provide the additional manpower in theater necessary to accommodate any medical contingency. During this period, 317 Reserve Medical Service Corps officers were recalled.

Since 1991, the Reserve component of the Medical Service Corps has continued to work alongside active duty personnel to administer and provide quality health care not only in the United States, but throughout the world, wherever and whenever needed. Specialists such as optometrists, environmental health officers, laboratory officers, clinical psychologists, medical logistics officers, health care administrators, pharmacists and physician assistants have been deployed to Cuba, Zagreb and Haiti. The Medical Service Corps is acknowledged as a valuable part of the Navy Medical Department team.

Today, the Navy Medical Service Corps has more than 3,200 active duty and reserve officers in thirty two disciplines performing countless duties on multiple platforms continuing the mission which was identified over 56 years ago.



Previous Chief/Directors Medical Service Corps

| Captain Willard C. Caukins, MSC, USN, Retired | 1954-1958 |
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| Captain Leo J. Elsasser, MSC, USN, Retired | 1958-1962 |
| Captain Robert Hermann, MSC, USN, Retired | 1962-1968 |
| Captain Emmett VanLandingham, MSC, USN, Retire | d 1968-1973 |
| Captain Albert Schwab, MSC, USN, Retired | 1973-1976 |
| Captain William Green, Jr., MSC, USN, Retired | 1976-1978 |
| Captain Paul Nelson, MSC, USN, Retired | 1978-1982 |
| RADM Lewis Angelo, MSC, USN, Retired | 1982-1987 |
| RADM Donald Shuler, MSC, USN, Retired | 1987-1991 |
| RADM Charles Loar, MSC, USN, Retired | 1991-1993 |
| RADM S. Todd Fisher, MSC, USN, Retired | 1993-1995 |
| RADM H. Edward Phillips, MSC, USN, Retired | 1995-1999 |
| RADM J. Philip VanLandingham, MSC, USN | 1999-2004 |